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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation			
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	OR STAT	E REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTA	TION:	
This clain	n is for the	period beginning	g		,	20 and en	nding		, 20	_•
	month day					month day				
CERTIF	ICATIO:	N:								
The infor	mation on	this form is comp	olete and acc	curate to the	e best of my kn	owledge.				
Date			Signature, Chair, Board of Trustees							
County:			District:					D	istrict Level:	
02 Big H	Iorn		0020 S	Spring C	reek Elen	1		E	lementary	
Percentage	District #	Route #	Miles Rate Days Bus				Bus Driver's Social Security #			

22

07/21/05

PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	February 1 February 1	First Semester to County Superi 5 to State Superin	tendent		May 10 to Count May 24 to State		
COMPLE	ETE THIS CLAIM FOR STATE REIMBURSEMENT FOI				OL BUS TRANSPOR	ETATION:	
This claim	m is for the period beginning				ng	, 20	
		month	day		month	day	
CERTIFI	CATION:						
The inform	The information on this form is complete and accurate to the best of my knowledge.						
Date	Signature, Chair, Board of Trustees						_

02 Big Horn 0021 Pryor Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage # Per Day Per Mile Capacity Inspection Operated Social Security # 50 2 2-264 42 1.57 71 08/25/05 2 82 50 3-64 1.15 59 08/25/05

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

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17-H

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0023 Hardin Elem **Elementary** 02 Big Horn District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 72 17-H 1 123 1.80 84 07/08/05 71 17-H 10 167 1.80 84 07/08/05 17-H 56 84 07/08/05 11 173 1.80 83 17-H 12 62 1.57 71 07/08/05 71 65 17-H 13 29 1.57 07/08/05 66 17-H 15 149 1.80 84 07/08/05 67 17-H 16 226 1.80 84 07/08/05 50 17-H 17 1.36 07/08/05 164 66 19 100 17-H 88 1.80 84 09/28/05 78 2 17-H 108 1.80 84 07/08/05 100 17-H 20A 65 1.15 57 09/08/05 3 100 17-H 108 1.80 89 07/08/05 85 17-H 4 216 84 07/08/05 1.80 78 17-H 5 45 1.57 71 07/08/05 78 17-H 6 124 84 1.80 09/28/05 07/08/05 71 17-H 7 62 1.80 84 8 35 17-H 62 84 07/08/05 1.80

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07/08/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SO	CHOOI	L BUS TRA	NSPORTAT	ΓΙΟN:	
This claim is for the period beginning					20 and	d ending ₋	n	nonth	, 20 day	<u></u>	
CERTIF	[CATIO]	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees										
County:			District	:					Dis	strict Level:	
02 Big Horn			0025 Lodge Grass Elem				Elementary				y
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y :	Inspection	Days Operate	ed	Bus Driver's Social Security #
70	27	1		129	1.57	77		08/19/05			
70	27	2		48	1.15	54		None			
60	27	3		100	0.95	36		None			
70	27	4		104	1.57	72		None			
70	27	5		98	0.95	20		None			
70	27	7		67	0.95	22		None			

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLI	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This clain	n is for the	period beginning				, 20	and endir	ng		, 20	
			month		day			0	month	day	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and accur	ate to the	e best of my k	nowledge.					
Date			Signature, Cha	air, Board	l of Trustees						
County:			District:							District Level:	
02 Big Horn 0026 Wyola Elem								Elementary	7		
Percentage	District #	Route #		Iiles r Day	Rate Per Mile	Capa	city	Inspection	Da Oper	-	Bus Driver's Social Security #
100	29	1B	5	5.4	0.95	48	3	07/18/05			
100	29	2B	5	2.7	0.95	48	3	07/18/05			
100	29	3B	2	0.7	0.95	48	3	07/18/05			
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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

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07/08/05

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 1189 Hardin H S **High School** 02 Big Horn District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # # Per Day Per Mile Inspection 28 1 1 123 1.80 84 07/08/05 29 1 10 167 1.80 84 07/08/05 44 84 07/08/05 1 11 173 1.80 17 12 62 1.57 71 07/08/05 1 71 35 13 29 1.57 07/08/05 34 1 15 149 1.80 84 07/08/05 33 1 16 226 1.80 84 07/08/05 50 17 164 1.36 07/08/05 66 1 2 22 108 1.80 84 07/08/05 1 15 4 216 1.80 84 07/08/05 22 5 45 1.57 71 07/08/05 1 22 6 124 1.80 84 09/28/05 29 7 84 07/08/05 1 62 1.80 8 62 84 07/08/05 65 1.80 1 9

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 02 Big Horn 1190 Lodge Grass H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 30 2 1 129 1.57 77 08/19/05 2 2 30 48 1.15 54 None 40 2 3 100 0.95 36 None 2 4 30 104 1.57 72 None 2 5 98 30 0.95 20 None 30 2 7 67 0.95 22 None

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

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DUE DATES:	1 to 2 to				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLE	ETE THIS CLAIM FO	OR STATE REIM	BURSEME	NT FOR S	CHOOL	BUS TRANSPOR	ΓATION:	
This claim	is for the period beginning	,		, 20 an	nd ending		, 20	
r		month	day			month	day	
CERTIFI	CATION:							
The inform	nation on this form is comp	olete and accurate to th	ne best of my kı	nowledge.				
Date		Signature, Chair, Boar	rd of Trustees					
County:		District:	•	•	•		District Level:	

1214 Plenty Coups H S **High School** 02 Big Horn District Route Miles Rate Days Bus Driver's Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 50 3 2-264 42 1.57 71 08/25/05 3 82 59 50 3-64 1.15 08/25/05